

<i>SERFF Tracking Number:</i>	<i>GEFA-125722292</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39527</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>LTC Partnership Certification-Individual</i>		
<i>Project Name/Number:</i>	<i>LTC Partnership Certification-Individual/7048 et al</i>		

## Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: LTC Partnership Certification- Individual      SERFF Tr Num: GEFA-125722292      State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 39527

Sub-TOI: LTC03I.001 Qualified

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Harris Shearer

Authors: June Lipscomb, Jeanette Mai

Disposition Date: 07/08/2008

Date Submitted: 07/03/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 07/01/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Partnership Certification-Individual

Status of Filing in Domicile: Not Filed

Project Number: 7048 et al

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/08/2008

State Status Changed: 07/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting a completed Issuer Certification (Long Term Care Partnership Program) form, to certify the listed policies as a qualified Partnership Policies under the Arkansas Long Term Care Partnership Program. We will use your state's Solicitation Disclosure (Appendix A) form at point of sale and Policy Disclosure (Appendix B) form at point of issue. For individuals who do not qualify for Partnership, we will use the enclosed Disclosure form, FPDISC-NON-STD 04/01/08.

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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	LTC Partnership Certification-Individual		
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The policies include the following optional inflation protection in the form of Automatic Benefit Increases:

5% Compound (all ages); 5% Simple (ages 61 and above)  
 3% Compound (all ages); No Benefit Increases (age 76 and above)

## Company and Contact

### Filing Contact Information

Jeanette Mai, Contract Analyst	jeanette.mai@genworth.com
6630 W Broad Street	(804) 922-5639 [Phone]
Richmond, VA 23230-1700	(804) 281-6285[FAX]

### Filing Company Information

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6610 W Broad Street	Group Code: 350	Company Type: LifeHealth & Annuity
Richmond, VA 23230	Group Name:	State ID Number:
(804) 281-6600 ext. [Phone]	FEIN Number: 91-6027719	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	07/03/2008	21245438

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	07/08/2008	07/08/2008

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## **Disposition**

Disposition Date: 07/08/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-125722292 State: Arkansas

Filing Company: Genworth Life Insurance Company State Tracking Number: 39527

Company Tracking Number:

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Issuer Certification Form	Approved-Closed	Yes
Form	Your insurance Does Not Qualify for Partnership	Approved-Closed	Yes

SERFF Tracking Number: GEFA-125722292 State: Arkansas

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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

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## Form Schedule

Lead Form Number: 7048 et al

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	FPDISC-NON-STD 04/01/08	Other	Your insurance Does Initial Not Qualify for Partnership				GNW Non Partnership POI 040108 _2_.pdf

**Genworth Life Insurance Company**  
Long Term Care Insurance Division  
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501-4948

**Your Insurance Does Not Qualify for Partnership Benefits**  
Please Read Carefully

**The minimum inflation benefit election required to qualify for the Partnership Program was not made and therefore your coverage will not qualify for Partnership benefits. Please review the information below for important details regarding the Partnership Program.**

<b>Insured(s)</b> [Jane H. Doe]	<b>[Policy/Certificate] Number</b> [AAA00000XX]	<b>Effective Date</b> [MM, DD, YYYY]
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**IMPORTANT INFORMATION REGARDING LONG TERM CARE INSURANCE PARTNERSHIP**

**Long Term Care Insurance Partnership Benefits**

Your state has elected to participate in a Long Term Care Insurance Partnership Program ("Partnership Program"). The Partnership Program, which is authorized by federal legislation, is unique to long term care insurance and is designed to help provide asset protection for those who own long term care insurance and seek to access Medicaid benefits.

Here's how it works.

Because you live in a state that participates in the Partnership Program, you may be able to qualify for Medicaid in your state while retaining more assets than would otherwise be required under your state's Medicaid eligibility requirements. How? First, you must buy long term care insurance that has the basic benefits required by the Partnership Program, which we cover in more detail below. Once you own this long term care insurance, for every dollar of benefit you receive for covered care under this coverage, you receive a dollar of asset protection. This is called dollar-for-dollar asset protection.

Let's look at an example. Suppose you purchase long term care insurance that qualifies for Partnership Program asset protection and under the terms of your coverage you receive \$67,000 in benefits. Generally, you will be able to keep an additional \$67,000 in savings or investments, in addition to the assets your state already allows you to keep, and still meet that state's asset test for qualifying for Medicaid. Without the Partnership Program, your state may require you to spend the \$67,000 for long term care services, called "spending down", prior to becoming eligible for Medicaid. Also, it is important to note that you are not required to use all the benefits of your long term care insurance prior to receiving your dollar-for-dollar asset protection. Every benefit dollar qualifies.

Please note that not all states participate in the Partnership Program. In addition, not all states that participate in the Partnership Program provide for reciprocal benefits with other participating states. This means that although you may receive asset protection in one state, you may not receive those same benefits in another state. Therefore, if you decide to move to another state after purchasing your long term care insurance, you should determine whether the state you are

moving to participate in the Partnership Program and allows for reciprocity with the original state where your coverage was issued.

**Because state and county Medicaid eligibility requirements vary, we recommend that you consult with your attorney or tax advisor for more information. For example, the Partnership Program does not affect Medicaid income requirements or other non-asset related eligibility requirements. In addition, Partnership eligibility may be affected by changes in federal or state law. You may learn more about Medicaid from your state Medicaid office or from the federal government's website, [www.cms.gov](http://www.cms.gov).**

### **How do I qualify to participate in the benefits of the Partnership Program?**

To qualify, you must purchase long term care insurance that meets the requirements for the Partnership Program. First, the insurance must be federally tax-qualified long term care insurance, as defined under the Internal Revenue Code of 1986, as amended. Good news. Long term care insurance, underwritten by Genworth Life Insurance Company, meets this definition; so there is no further action required on your part as it relates to this requirement.

Second, your coverage must meet the following inflation protection\* requirements based on your age on the date of the application:

- If you are younger than 61, your plan must include compound annual inflation protection.
- If you are age 61 through 75, your plan must include some form of inflation protection, but it need not be compound annual inflation. If you choose to purchase compound annual inflation protection, your coverage will still qualify.
- If you are 76 or older, your plan doesn't need to include inflation protection. However, you can select an inflation protection option and still qualify.

### **What happens if I purchase the appropriate inflation protection, but later choose to drop my inflation protection? Will I lose the asset protection under the Partnership Program?**

This is an important issue to consider when deciding whether to drop your inflation protection. Because requirements may vary, we recommend that you contact your State (or county) Medicaid office or Genworth Life Insurance Company, prior to making this decision to determine whether you will no longer be eligible to receive the benefits of the Partnership Program.

### **Is there any additional cost to me for participation in the Partnership Program?**

No. Another additional benefit of the Partnership Program is that for those individuals who purchase long term care insurance that meets the requirements for this Program, there is no additional premium necessary for participation in the Partnership Program.

### **How will my state know that I own Partnership qualified long term care insurance and the amount of long term care benefits that I received?**

Insurance companies like Genworth Life Insurance Company are required to provide information to State Medicaid Offices that includes the names of the those insured and the amount of long term care benefits they received under their qualified long term care insurance.

\*The available inflation options, and their cost, are described more fully in the Outline of Coverage that will accompany any long term care insurance application.

Long term care insurance is underwritten by Genworth Life Insurance Company.



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Comments:</b>				
<b>Attachment:</b>	AR PRT COVER Letter.pdf			
<b>Satisfied -Name:</b>	Issuer Certification Form	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Comments:</b>				
<b>Attachment:</b>	AR Issuer Certification Form.pdf			



6620 West Broad Street  
Building 4  
Richmond, VA 23230  
[www.genworth.com](http://www.genworth.com)

July 3, 2008

Arkansas Division of Insurance

**Re: GENWORTH LIFE INSURANCE COMPANY**  
**Group Long Term Care Insurance**  
**NAIC # 70025                      FEIN 91-6027719**

**Description**  
**Long Term Care Insurance Partnership Program**

Dear Sirs:

We are submitting a completed Issuer Certification (Long Term Care Partnership Program) form, to certify the listed policies as a qualified Partnership Policies under the Arkansas Long Term Care Partnership Program. We will use your state's Solicitation Disclosure (Appendix A) form at point of sale and Policy Disclosure (Appendix B) form at point of issue. For individuals who do not qualify for Partnership, we will use the enclosed Disclosure form.

The policies include the following optional inflation protection in the form of Automatic Benefit Increases:

5% Compound (all ages); 5% Simple (ages 61 and above)  
3% Compound (all ages); No Benefit Increases (age 76 and above)

Should you have any questions or comments regarding this submission, please feel free to contact me.

Sincerely,

***Jeanette Mai***

Jeanette Mai  
Contracts Analyst  
Long Term Care Contracts Division  
[Jeanette.Mai@genworth.com](mailto:Jeanette.Mai@genworth.com)  
800-284-5568 Options 2, 4

## RULE 94

**APPENDIX C  
ISSUER CERTIFICATION FORM**

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

**I. GENERAL INFORMATION****A. Name, address and telephone number of issuer:**

Genworth Life Insurance Company  
6620 West Broad St.  
Richmond, VA 23230  
888-436-9678

**B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:**

Jeanette Mai  
6620 West Broad St.  
Richmond, VA 23230  
804-922-5639

**C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):**

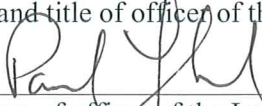
7048 et al, 7042 et al and 7044 et al

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

**II. CERTIFICATIONS**

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Genworth Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

7/3/2008  
Date

Paul Loveland, VP  
Name and title of officer of the Issuer  
  
Signature of officer of the Issuer